



Congressman Mike Simpson



Senior Newsletter

Volume 1, 2007

Message from Mike— The truth about Prescription Drugs

Knowing of your interest in the growing costs of prescription drugs, I wanted to update you on recent developments in the House of Representatives.

Pharmaceuticals have become an increasingly important part of modern medicine, and seniors should not have to worry about whether they can afford the medicines they need to stay healthy, maintain their independence, and extend their lives. There is no disputing the fact that American consumers pay significantly more for the same prescription drugs as our counterparts around the world. On average, brand-name drug prices are 70% higher in the United States than they are in Canada. For example, a 90-day supply for Lipitor, a statin drug used to control cholesterol, sells for about \$319 in the United States and only \$175 in Canada.

One of the most troubling parts of the 2003 Medicare Prescription Drug and Modernization Act was its failure to contain provisions to hold down the costs of prescription drugs. I am fearful that without additional action by Congress to address the growing costs of prescription drugs, this legislation may ultimately exacerbate the Medicare program's financial crisis in the future. That is why I will continue fighting in Congress to bring down the costs of prescription drugs and to authorize the re-importation of FDA-approved drugs from nations like Canada.

Because of Medicare Part D, the average senior is saving \$1,200 annually on drug costs, and the average monthly dollar amount seniors spend on prescription drugs has fallen by 54%. Competition within Medicare Part D has reduced costs in 2006 by \$13 billion more than was originally projected and, over the next ten years, is expected to cost \$200 billion less than was originally projected. These numbers demonstrate the success that the principles of free market competition embodied in the Medicare Prescription Drug program are working.

HR 4 would mandate the Secretary of Health and Human Services (HHS) to negotiate covered Part D drug prices on behalf of Medicare beneficiaries. While the House of Representatives ultimately passed it by a vote of 255-170, I voted against this bill.

I voted against HR 4 because it would not create savings for seniors or Medicare. The non-partisan Congressional Budget

Office found that "H.R. 4 would have a negligible effect on federal spending." Furthermore while I would consider supporting legislation that would **authorize** the Secretary of HHS to negotiate covered Part D drug prices on behalf of Medicare beneficiaries, I am concerned that placing a **mandate** on the Secretary to negotiate drug prices could inhibit the free-market competition that is shown to reduce costs while also potentially limiting seniors' access to prescription drugs.

You may be interested to know that I am an original co-sponsor and strong supporter of the Pharmaceutical Market Access and Drug Safety Act of 2007, introduced by Representative Jo Ann Emerson (R-MO) and Representative Rahm Emanuel (D-IL). This legislation allows U.S.-licensed pharmacies and drug wholesalers to import FDA-approved medications from Canada, Europe, Australia, New Zealand, and Japan and pass along the savings to their American customers. This approach will allow Americans to benefit from prices in these countries, which are 35-55% lower than in the U.S., while still enabling consumers to receive medications at their local pharmacy. It would also allow individual consumers to purchase prescription drugs for their own personal use from safe, reliable, FDA-inspected Canadian pharmacies. The bill has the added benefit of improving safety provisions for Americans purchasing their drugs from other countries.

The goal of the Pharmaceutical Market Access and Drug Safety Act of 2007 is to allow the free market to work and allow Americans access to drugs at whatever price pharmaceutical companies are willing to sell their products. Pharmaceutical research and development is definitely important and necessary; however, it should not be funded solely by Americans while subsidizing drugs for consumers in Europe and Canada.

Rest assured, I will continue to monitor this situation and keep your thoughts in mind as my colleagues in the House of Representatives and I work to enact cost-saving provisions that will ensure all American have access to affordable, quality health care.

- Congressman Mike Simpson



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Carbon Monoxide Poisoning Prevention and Information

Carbon Monoxide (known by the chemical symbol CO) is a colorless and practically odorless gas. It is poisonous to people and animals, because it displaces oxygen in the blood. It is produced by the incomplete burning of solid, liquid, and gaseous fuels. Appliances fueled with natural gas, liquefied petroleum (LP gas), oil, kerosene, coal, or wood may produce CO.

Burning charcoal produces CO. Running cars produce CO. According to the Consumer Product Safety Commission, every year over 200 people in the United States die from CO produced by fuel-burning appliances (furnaces, ranges, water heaters, room heaters). Others die from CO produced while burning charcoal inside a home, garage, vehicle or tent. Still others die from CO produced by cars left running in attached garages. Several thousand people go to hospital emergency rooms each year for treatment of CO poisoning.

What are the symptoms of Carbon Monoxide poisoning?

Carbon Monoxide can have different affects on people based on its concentration in the air that people breathe. Because you can't smell, taste, or see it, you cannot tell that CO gas is present. The health effects of CO depend on the level of CO and length of exposure, as well as each individual's health condition. The initial symptoms of CO poisoning are similar to the flu (but without fever).

They include:

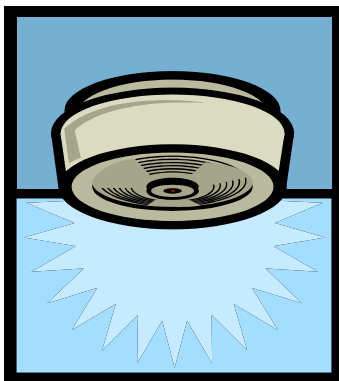
- Headache
- Fatigue
- Shortness of breath
- Nausea
- Dizziness

Many people with CO poisoning mistake their symptoms for the flu or are misdiagnosed which sometimes results in tragic deaths. Because CO replaces oxygen in the blood, it can make people feel sleepy. Or, if they are asleep, it can prevent people from waking up. At higher concentrations, people can experience impaired vision and coordination, headaches, dizziness,

confusion, and nausea. In very high concentrations, CO poisoning can cause death.

Buy and Install Carbon Monoxide Detectors/Alarms

The American Red Cross recommends that everyone install CO Detectors/alarms in homes and recreational vehicles.



- Before buying a CO Alarm, check to make sure it is listed with Underwriter's Laboratories (UL), standard 2034, or there is information on the package or owner's manual that says that the detector/alarm meets the requirements of the IAS 6-96 standard. Install a CO detector/alarm in the hallway near every separate sleeping area of the home. Make sure the detector/alarm cannot be covered up by furniture or draperies. Follow manufacturer's instructions regarding the specific location where to install it. Avoid corners (where air does not circulate).

What should you do if you experience symptoms of Carbon Monoxide poisoning?

If you think you are experiencing any of the symptoms of CO poisoning, get fresh air immediately. Open windows and doors for more ventilation, turn off any combustion appliances, and leave your home. Then call your fire department and report your symptoms. You could lose consciousness and die if you do nothing. It is also important to contact a doctor immediately for a proper diagnosis. Tell your doctor that you suspect CO poisoning is causing your problems. Prompt medical attention is important if you are experiencing any symptoms of CO poisoning when you are operating fuel-burning appliances. Before turning your fuel-burning appliances back on, make sure a qualified serviceperson checks them for malfunction. This article was edited from an article found at the Red Cross website. For more detailed information please go to:

http://www.redcross.org/services/prepare/0,1082,0_242_,00.html or call your local Red Cross Chapter.

How to Protect Yourself

From the Better Business Bureau

Your wallet or purse – Don't carry your social security card

Credit/Debit cards –

Don't carry more than you really need. If you aren't using a card, cancel it. Don't sign...write in "check photo ID." Check statements for fraud.



Your mailbox – Place outgoing mail in a secure box; use locked box or pick up incoming mail as soon as possible.

Your trash – Consider purchasing a paper shredder. Shred documents containing personal information before disposing.

NEVER, NEVER, NEVER – give out personal information to people you don't know.

Health Tips of the Month



Not sure what to do with all that leftover cranberry sauce? Eat up! Research shows that cranberries have a variety of health benefits, other than its preventive effects on urinary tract infections. A compound in the berry has been found also to prevent dental plaque, and other studies show that drinking cranberry juice regularly can protect against the bacteria responsible for stomach cancer and ulcers.

Many people start the New Year with resolutions to exercise more and lose weight. Well, men, here's a new reason to get off the couch, step away from the computer and get moving!

According to a recent Harvard School of Public Health study published in the [Archives of Internal Medicine](#), men over the age of 65 who regularly work out—at least three hours of vigorous physical activity a week—have been found to have a significantly lower risk of being diagnosed with advanced or fatal prostate cancer (almost 70 percent). Get more details on the study featured on [PSA-Rising.com](#).

Health Tips of the Month—continued.

Wonder why? Read about the relationship between exercise, testosterone and male hormone-dependent cancers online at [FightProstateCancer.org](#), the web site for the National Prostate Cancer Coalition.

Did you know that being over 40, overweight and female make you more likely to be insulin resistant, the precursor to diabetes? Insulin resistance, known as "pre-diabetes," results in hyperglycemia, or high blood sugar, which often leads to diabetes and heart disease, if left unchecked. The National Women's Health Resource Center warns women to "[Be Blood Sugar Aware](#)"!

It's not just about the sugar in your diet. According to the [National Diabetes Information Clearinghouse](#) (NDIC), excess weight contributes to insulin resistance because too much fat

interferes with your muscles' ability to use insulin. And lack of exercise further reduces muscles' ability to use insulin—so get moving!

To stay on top of your insulin resistance, NDIC also suggests that everyone **over the age of 45*** should schedule either a **fasting glucose test** or a **glucose tolerance test**, especially if you are overweight or have a family history of heart disease or diabetes.



***Note:** If you are younger than 45, are overweight and have one or more of the following risk factors: low HDL cholesterol and high triglycerides; high blood pressure; diabetes during pregnancy or gave birth to a baby weighing more than 9 pounds; minority group background (African American, American Indian, Hispanic American/Latino, or Asian American/Pacific Islander)—you too should get tested.

Do you know someone who would like to receive the Senior Newsletter?

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